

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____	FILING DATE _____			
							APPLICANT(S) _____				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2							52				
3							53				
4							54				
5							55				
6	/		/				56				
7							57				
8							58				
9	/		/				59				
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12							62				
13	/		/				63				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			9				TOTAL IND.				
TOTAL DEP.			13				TOTAL DEP.				
TOTAL CLAIMS			22				TOTAL CLAIMS				